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AUTHOR Patton, Sarah; Dye, Victor C.
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ABSTRACT

Ways in which early childhood educators can help children prepare for medical events through play are suggested in this pamphlet. Three qualities are seen as essential to a valuable hospital/medical play experience: (1) a focus on the child's current medical interests and experiences, (2) inclusion of information about a child's forthcoming or past medical event, and (3) formation of an environment which encourages a child to express his or her feelings about medical events through fantasy or realistic play. These qualities are discussed and "micro" and "macro" approaches to hospital/medical play are described. "Micro" play materials include small doll-sized figures and toy hospital or medical equipment for use in symbolic play. "Macro" play refers to children's dramatic or role play in which the child enacts the roles of doctor, nurse, or patient rather than having a doll or puppet figure enact the roles and activities. "Macro" play materials include hospital clothing and child-sized pieces of hospital or medical play equipment. Lists of suggested play materials for different settings as well as guides for using the play materials are provided. In addition, ideas for program planning and class activities are offered and ways teachers can aid stressed and anxious parents of ill or hospitalized children are suggested. In conclusion, sources of play materials and books related to medical and hospital experiences for children, parents and teachers are listed. (Author/RH)

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CREATING A PORTABLE HOSPITAL/ MEDICAL PLAY CORNER

A Guide for Teachers of Young Children

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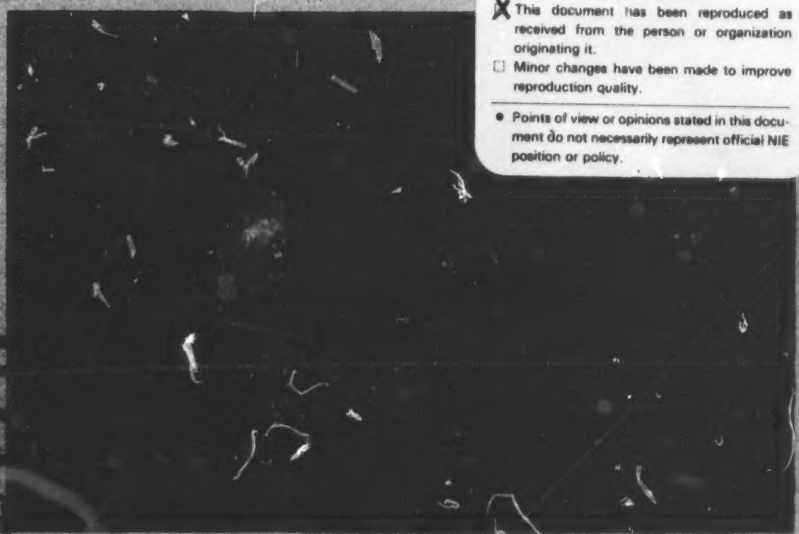

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By Sarah Patton, M.S.
Victor C. Dye, Ph.D.

CREATING A
PORTABLE HOSPITAL/MEDICAL PLAY CORNER

A Guide for Teachers of Young Children

Written by:

Sarah Patton, M.S.
Victor C. Dye, Ph.D.

Edited by:

Janice K. Niehaus

Copies available from:

The Judson House
1122 Judson Avenue
Evanston, IL 60202
312-869-1888

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PREFACE

When a 6-year-old boy is struck by the suddenness of an accident or illness, it is not only his life that changes but the lives of his parents, siblings, close relatives, neighbors, school mates and teachers. There are the endless and necessary questions, many without answers. Unfamiliar with medical trauma, children often cannot even formulate the questions; they only fear and wonder. Sometimes the questions, once formed, are too hard to ask, sometimes the answers unacceptable or incomprehensible.

Even the common medical events--innoculations, hearing screening, a physical examination--can arouse serious fears in young children. Knowing their powerlessness to prevent pain, children trust adults, believing in their knowledge and power. And adults, knowing that fears inhibit healing and can even induce illness, respond with their supportive presence, information, and opportunities for children to express and explore these fears.

Medical play facilitates this expression and exploration. In planned environments with specially designed play materials, children can play out their traumas--and their little fears, too. By providing the environment and equipment and guidance in their use, child care professionals contribute in a very special way to the emotional development and health of young children.

We express appreciation to the many colleagues and professionals who provided stimulation and ideas which formed the creative basis of this booklet. We thank the children for their drawings of their perceptions of various medical events.

-Victor C. Dye

Play provides opportunities for social interaction and cooperation, during which children learn about themselves and others. Play helps children resolve normal developmental conflicts. While playing, children often act out their feelings and ideas about familiar events. Play allows the young child to express powerful feelings and ideas in such a way that s/he can experience mastery and control.

For the young child, play is a dynamic means of learning. Play stimulates and enriches children's thought and feeling processes. "Play, by virtue of its spontaneous, highly enjoyable qualities for children, acts as an energizer and organizer of cognitive learning." (Play: The Child Strives Toward Self-realization, 1971).

One of the distinctive characteristics of play is a fanciful attitude toward what is real: to a child engrossed in play, a stick becomes a horse, a fireman's hose. Such playful, symbolic transformations help children learn to discriminate between what is real and what is fantasy.

Play serves an important curative purpose during times of emotional stress and trauma. Hospitalization, innoculations, x-rays--even routine physical examinations--cause some degree of emotional stress and anxiety and may arouse deep fears. Medical events are intrusive; they usually involve some degree of pain; they may threaten the child's sense of bodily integrity. Often they require separation from parents and other sources of security and comfort. Basic trust is threatened. The child fears loss. The developing sense of independence and autonomy is obstructed.

In reacting to a medical event, the child may show signs of frustration, anger, fear, sadness, and regression. Play provides a constructive outlet for expression of these powerful emotions. Play is a valuable forum for communicating to others his or her perceptions of the medical events. According to Erik Erikson, "To play it out is the most natural self-healing measure childhood affords." (Childhood and Society, 1963)

This booklet suggests ways the early childhood educator can assist children with medical experiences--their own or those of parents, siblings, or school mates. The thesis of the pamphlet is this: Medical events are usually unfamiliar and often frightening; play is natural and restorative; and the teacher's important role is to foster continued normal development by facilitating the natural process of play.

THE KEY TO PLAY

Three qualities are essential to a valuable hospital/medical play experience: (1) A

focus on the "here-and-now" experience of the child. (2) The inclusion of information about the medical event. (3) An environment which encourages the expression of feelings and opportunities to relive the experience in a real or fantasy way.

The fundamental principle of planning for young children is "the here and now"--the child's current and immediate interests. This principle recommends that program activities evolve from children's experiences rather than according to a predetermined curriculum "package" or plan.

Keeping this principle in mind, the teacher will develop hospital/medical play activities compatible with and responsive to the children's current medical experiences and interests. The hospital/medical corner is described as "portable" because it can be adapted to the children's changing interests and experiences.

Hospital and medical play materials can be arranged in different settings and combinations: (1) The teacher may add doctor play materials to the housekeeping corner in response to children's spontaneous interest in doctors and nurses. (2) If a child is anticipating hospitalization, the teacher may create a special hospital area. (3) On another occasion, when children have become engrossed in emergency/rescue squad play, the teacher may place paramedic supplies near tricycles and wagons.

During the course of a year, several children will experience the hospitalization of a family member. The sometimes unspoken anxiety needs a forum for expression.

It is important that the teacher be aware of children's daily life experiences, especially medical events. The teacher should have information about each child's personal medical history, e.g., whether the child has been hospitalized, whether the child receives medical care at a busy clinic or at a small doctor's office, whether family members have been ill or hospitalized, etc. The child will express these experiences through play and the teacher, if informed, can better

comprehend the meaning of each experience for each child. Recognizing that medical events--even the most benign such as a routine physical exam or vision/hearing screening--can cause stress and anxiety, the well-informed teacher will respond sensitively to each child's questions, concerns, and fears.

Clear information about the medical event which has occurred or is anticipated is essential to the child. Nothing increases anxiety as much as uncertainty when certainty is possible.

In talking about medical procedures, children learn what will happen when they go to the doctor or dentist for a check-up, have stitches removed for a deep cut, or undergo an operation. Being prepared for a medical event greatly reduces children's fears and anxieties and is important to children's developing knowledge of their own bodies and health care in general. When children are informationally and emotionally prepared, they are less likely to become traumatized. The teacher can help by providing appropriate medical play before the event occurs. However, some medical events, such as going to the emergency room, occur with little or no warning. In these situations the teacher can help the child deal with the experience afterwards.

Child care professionals are not expected to know all of the specific details about all medical procedures. However, a teacher will already have answers to many of the questions children predictably ask. The following questions may arise as a child prepares for a tonsillectomy:

1) What will happen when I go to the hospital?
2) Where will I stay?
3) What does the hospital room look like?
4) What will they do to me (blood tests, urine samples, temperature taking)?
5) How will I get to the operating room?
6) What does the operating room look like?

7) What will people in the operating room look like?
8) What is anesthesia, how does it get in me?
9) Why are my tonsils being removed?
10) How will the doctor remove the tonsils?
11) Will it hurt?
12) What will happen to my tonsils after they are removed?
13) What is a recovery room?
14) Who will be there when I wake up?
15) What will I feel like after the operation?
16) Why can't I eat what I want?
17) When will I go home?

Predictable questions when a child breaks an arm might include these:

Where is the arm when it's inside the cast?
Why did the bone break?
How will it heal?
How does the x-ray machine work?
Why do I have to wear a cast?
Why can't the cast get wet?
How will they take off the cast?
How do bones move?

In addition to providing factual information about what will or did happen in a medical event, the teacher can also facilitate play by encouraging the child to actively re-live the experience of the arm's being x-rayed or being put in a cast; the teacher can also help him or her prepare for the cast's removal. Other children may also have questions and their participation in the play is desirable.

The teacher is not a therapist, nor is he or she expected to be; but the sensitive teacher can provide a supportive, nurturing presence and the props and settings necessary for children's self-healing. Given a supportive and appropriate climate for play, children will create their own scenarios. The sensitive teacher, in observing this type of expressive "free" play, can better

understand the children's feelings about medical events and their cognitive perceptions of the procedures and their purposes.

In other words, play activity in the hospital/medical corner is a means of communication for children. It is often difficult for young children to articulate their feelings. It is sometimes hard for them to describe in words their conceptualizations. Hospital/medical play opens up channels of communication for children to convey and to receive more information about their special feelings and ideas.

THE PORTABLE HOSPITAL/MEDICAL PLAY CORNER

The caring teacher wishing to remain sensitive to children and their needs, providing information, and facilitating expressive play, utilizes special play materials. In designing a "portable" hospital/medical play corner, both "micro" and "macro" play materials are needed.

"Micro" play materials include small doll-sized figures and toy hospital or medical equipment to be used for symbolic play. "Macro" play refers to children's dramatic or role play in which the child enacts the roles of doctor, nurse, or patient rather than having a doll or puppet figure enact the roles and activities. Macro play materials include hospital clothing and child-sized pieces of hospital or medical play equipment.

Some young children prefer micro play since it involves greater symbolic distancing from the medical event and may afford an enhanced sense of security and control. Older children may prefer macro play because of the social cooperation and interaction permitted. Puppets, dolls, and books can be used to supplement both types of play and may be helpful in drawing out a shy or passive child.

Listed below are suggested play materials for use in developing several different medical play settings:

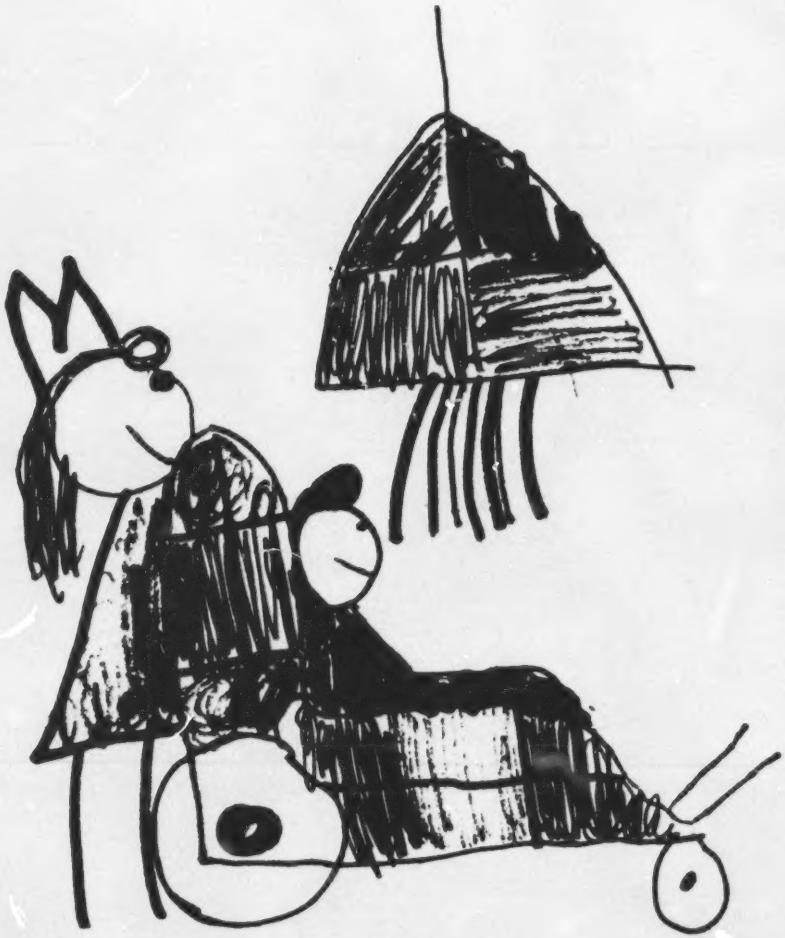
1) Clinic, Doctor's Reception Room, or Hospital Admitting Office

small desk or table with child-sized chairs
old magazines
small file box with cards
name bands (for hospital receiving area)
adding machine roll (children can make their own bands, identification badges)
folders, paper, pencils and crayons
briefcases
a bell or buzzer
play telephone
old working typewriter and paper

2) Doctor's Office

short-sleeved men's shirts (for doctor/nurse uniforms)
nurse's caps
small plastic syringes (without needles)
plastic squeeze bottles
plastic bottles
bulb syringes (meat basters are good substitutes)
baby water bottles
tongue depressors
small pieces of plastic tubing (some children prefer using these in place of syringes or as catheters)
inexpensive stethoscope
Ace bandages
reflex hammer
small pen flashlights
cotton swabs
pieces of white sheet for bandages
plastic pill bottles
scissors

clipboards
empty bandaid containers
sphygmomanometer (blood pressure cuff)
child-sized examining table
scale
eye chart
prescription tablets or other small pads of paper
tissues



3) Hospital

Items listed under "Doctor's Office" plus:

surgical caps, masks, gowns
rubber gloves
emesis basin
bed pan
urinal
trays, plastic dishes
sling
child's crutches
child-sized wheel chair
child-sized bed or crib or cot
IV pole
real syringe
operating room table
x-ray machine
bed, crib with traction bar
wheel chair
stretcher
cardiac monitor
banana cart
IV stand
cardiac catheterization table
CAT scan

Additional suggestion: Doll-sized Hospital
May be a converted doll house or a hospital made to replicate a community hospital.

4) Paramedic or Emergency Room

suitcase
stretcher
plastic hose
toy ambulance
selection from previously mentioned items

Other micro equipment for possible inclusion in various medical settings:

plastic dolls
puppets

books
plaster of paris
doll bed and linens
cloth or stuffed dolls (injectible)
doll house

Other related materials:

1) Remember to provide other expressive play materials such as clay, paints, water, and blocks on a daily basis. These materials offer unlimited possibilities for play and learning. Some young children prefer using these materials for expressing their concerns about medical experiences. Water play with plastic tubes, bottles, and dolls encourages free and creative expression of feelings.

2) Encourage children to share their personal mementos from a hospital/medical experience to highlight the positive and special aspects. For example, a child might bring in the cast after it has been removed or his/her name band after a hospital stay. Such mementos may be displayed in a special place.

3) Include pictures of medical personnel, events, and facilities in your classroom. Select large, clear, accurate, and friendly pictures. You might want to obtain actual photographs of the local hospital, clinic, or medical staff. Photographs of operating rooms, x-ray room, emergency room, and patient rooms may be available from hospitals' public relations departments.

HOW TO USE THE PLAY MATERIALS

Hospital/medical play materials should be available for children to play with on a regular

basis. If it is not possible to have them continuously available, they should at least be accessible to children when their interests turn to hospital or medical play.

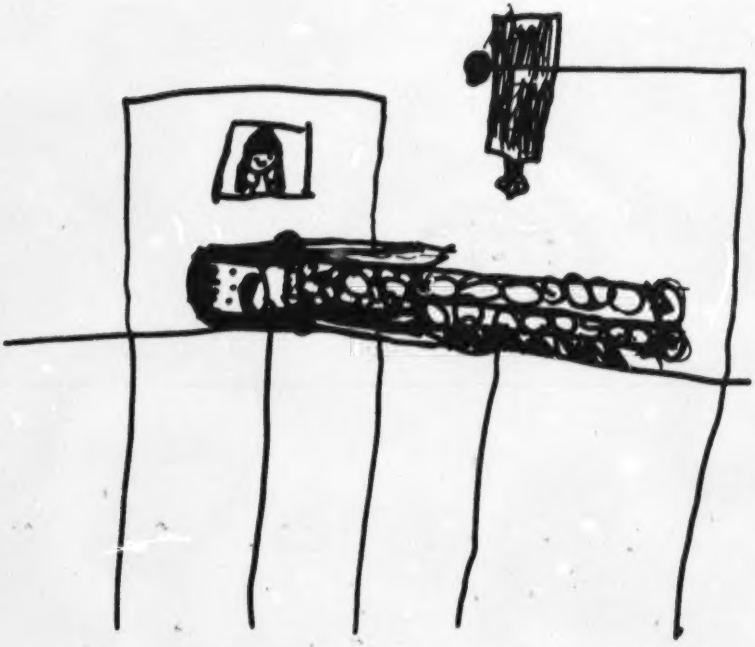
An important principle in using hospital play material is to start with simple and familiar experiences and gradually introduce new and more complex activities. Medical/hospital play should begin with activities which are non-threatening and safe. For example, start with having a doctor or nurse visit the classroom; later plan a field trip to a doctor's office or hospital. A visit from a special medical person to the program can enhance the child's feelings of control and power since the child is in a familiar setting.

Hospital/medical play can be very intense for children as they become involved in playing out their fears and fantasies. When this occurs, teachers should be very supportive and sensitive, paying close attention to what the child says and does. The child may need reassurance about what has happened.

Children may attempt to carry out medical procedures in a highly realistic fashion, e.g., as when reliving the experience of having their temperature taken recently. Prior to play, establish the rule that play materials are not to be inserted into any body openings. Instead, children may use syringes, "play" thermometers or tongue depressors with dolls and puppets--not with other children. An exception to this rule is the stethoscope. However, teachers need to be present when children are playing with it to demonstrate and assure proper use.

Use words and items which reflect clear and accurate understanding of medical procedures. For example, think carefully about how anesthesia would be experienced. Some adults compare anesthetization to "going to sleep," which can cause young children to fear going to sleep. Another

example is the common description of the x-ray machine as a "big camera." This explanation has caused many children to fear cameras and picture-taking in general. Help the child clarify complicated terms and concepts. An example might be referring to injections (avoid "shots") as a "fast way to get medicine into the body to make you feel better." Consult with the program nurse or physician if you are unsure about the meaning of any medical term or procedure, and then translate the term or procedure to the young child in words appropriate to his/her level of comprehension. See Petrillo and Sanger, Emotional Care of Hospitalized Children for further suggestions.



PROGRAM PLANNING AND ACTIVITIES

The teacher should follow the children's lead as much as possible in determining the general focus of the play and suggesting or presenting materials or questions in order to extend children's play. See Emotional Care of Hospitalized Children by Petrillo and Sanger for some good suggestions on facilitating medical play with children.

When a child is hospitalized or ill at home, plan to visit him or her and bring a special toy from the classroom such as a puzzle or book. This can be returned after the child gets better. Possessing some familiar object from school can be very comforting to the child who doubts that he or she will get better. If it is not possible to visit the child, call or send a card or letter. Help the child's playmates at school dictate a "hello" letter or tape a recording. Encourage the child's parents to return a dictated card or letter to children at the school. The child will enjoy finding his or her letter or card displayed at school when he or she returns.

When a child is hospitalized, find out if the hospital has a child life program and arrange to meet and talk with the child life specialist. He or she will have valuable ideas on how to help the child before and after hospitalization. Invite the child life specialist to visit your program to talk about the hospital with the other children.

The hospital/medical play corner can also be used for individual play sessions. Children who have experienced a particularly stressful or prolonged medical event (often associated with chronic illnesses) may need special time to work through their feelings. The teacher may want to work with the child on a one-to-one basis, helping him or her play out a medical procedure. The teacher may also wish to plan these sessions in cooperation with other health care professionals such as the program nurse or a child life specialist.

Another idea is to write a "personal experience story" based on a child's medical experience. For those children who cannot yet write their own stories, the teacher can put into words and pictures the child's version of a medical event. The child's paintings, drawings, etc. may be incorporated as illustrations.

Parents' involvement in writing or illustrating the book can be very therapeutic if they are also feeling unsure or anxious about the medical event. The cooperative product enables parents to feel helpful and may provide insight into what the experience means to their child. The personal experience story can be a focus for cooperation and support between home and school. Since the story is the child's own special story, it can be read and re-read as the child integrates the experience over a period of time.

An experienced and/or creative teacher will recognize that an individual child's medical experience can be a catalyst for a wide range of activities, as the list below suggests.

- setting up a play "emergency room" so that children can set the "broken" bones of dolls, teachers, and each other
- a visiting doctor's demonstration of setting and removing a cast
- talking about safety - how to play safely so that bones don't get broken
- visiting an emergency room or doctor's office to see the x-ray machine and where and how bones are set
- displaying pieces of bone fragments and small animal skeletons; looking at a broken bone
- finding bones and joints on your own body and others
- building a wooden skeleton in the woodworking area (older children can actually construct "joints")
- studying animals with skeletons on the outside (exoskeletons, e.g., clams, mussels)
- field trip to a museum with animal skeleton displays
- cooking experiences involving bones such as roasting a turkey or chicken, making soup with neck bones or turkey/chicken bones

SUPPORT TO FAMILIES

Parents also experience stress and anxiety when a child is ill or about to undergo a medical procedure or hospitalization. Because of the teacher's special relationship to a child, he/she is in a unique position to offer support to the parent. The role of the teacher is not only to provide some medical information but, more important, to help parents clarify their own feelings about medical events and their children's concerns.

The teacher should be available to parents to listen and respond to their questions and concerns about the effects of medical treatments on children. At times, she/he may raise questions to help the parents plan for children's social and emotional needs. An example of the teacher's role is provided in the following illustration. A teacher learns that one of the children will be going into the hospital for a hernia operation. The teacher sets up a time to talk with the parents about:

- preparing the child for hospitalization
- dealing with the medical procedures and effects of hospitalization
- suggesting ways the parent can help the child (e.g., rooming-in plan, bringing toys from home)
- suggesting activities for the hospital stay
- developing a cooperative plan for helping the child at school

By helping parents verbalize their feelings about the medical experience, the teacher learns even more about the child's experience and possible responses.

Medical events often cause stress and anxiety in the entire family. Parents and

siblings may need additional support from program staff during these times. Teachers, by actively listening and caring, are modeling to other family members ways of caring for the child in a similar way.

Books to be read to children, books for older children to read, and books for teachers and parents are listed under "Sources" in this booklet.

Organizations

There are several organizations which are particularly focused on helping parents understand and cope with the difficulties of having a hospitalized child. Teachers as well as parents can be familiar with these organizations:

Parents Concerned for Hospitalized Children, Inc.
176 North Villa
Villa Park, IL 60181

Family Centered Parents
Box 142
Rockland, DE 19732

Children in the Hospitals, Inc.
31 Wilshire Park
Needham, MA 02191

Association for the Care of Children in Hospitals
P.O. Box H
Union, WV 24983

SOURCES OF MATERIALS

Hospital and medical play materials can be obtained from several sources. Sturdy wooden hospital play sets can be ordered from The Hospital Play Equipment Company. These sets are specially

designed to accurately represent equipment and furnishings used in hospitals. This company specializes in all types of material for helping the child with the medical experience. They supply a special list of books for this purpose as well as doctor and nurse puppets, patient dolls, and miscellaneous medical supplies such as gauze bandages, tape, syringes without needles, tongue depressors, pill boxes, stethoscopes, and other items.

You can receive information about these materials by writing or calling:

The Hospital Play Equipment Company
1122 Judson Avenue
Evanston, IL 60202
312-869-1888

Local hardware stores, drug stores, and medical and scientific supply houses are good sources of inexpensive play props such as workman's lunch boxes (for doctor bags/kits), cotton swabs, bandages, etc. Hospitals, clinics, medical/nursing schools are another source of used medical equipment, e.g., discarded syringes, used x-rays, uniforms, plastic tubing, etc. Parents in the health/medical professions may also be able to supply discarded medical materials. Make sure that all materials are non-toxic, non-breakable, and can be used safely by young children.

Books help children verbalize their feelings and ideas about medical events by stimulating their imaginations through vivid words and pictures. Children enjoy books about characters and events with which they can identify. Books also provide information about medical events, procedures, new terms, and concepts. When selecting books for young children, make sure that the stories are appropriate for children's developmental levels and interests. Among the many books describing different aspects of medical and hospital experiences are several "classics":

For Children:

About Handicaps by S. B. Stein
Bodies by Barbara Brenner
Curious George Goes to the Hospital by Margaret and H. A. Rey
A Hospital Story by Sara Bennet Stein (for parents and child)
Madeline by Ludwig Bemelmans
No Measles, No Mumps for Me by P. Showers
The Runaway Bunny by Margaret Wise Brown (about separation)

For Parent and Teacher:

Books that Help Children Deal with a Hospital Experience (U.S. Dept. of Health, Education and Welfare. Washington, D.C.: DHEW Publication No. (HSA) 76-5402)

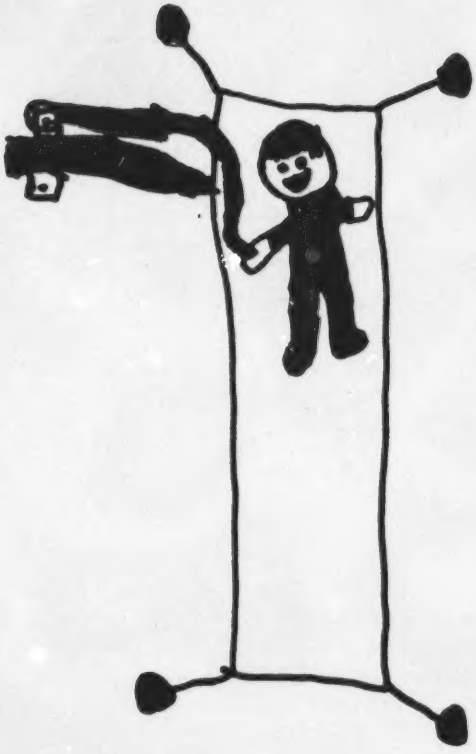
The Child's Emotions: How Physical Illness Can Affect Them (DHEW No. (ADM) 77-497, 1977)
Emotional Care of Hospitalized Children by M. Petrillo and S. Sanger
Helping Children Cope by Joan Fassler
Helping Sick Children Play by B. Weller
Parents and Children in the Hospital: The Family's Role in Pediatrics by Carol Hardgrove and Rosemary Dawson
When Your Child Goes to the Hospital (DHEW Publication No. (OHD) 76-30092)

A children's librarian will be able to suggest new publications relevant to children's experiences. The Hospital Play Equipment Company will send on request a complete list of books about and for children and the medical experience.

SUMMARY

This pamphlet has reviewed some of the ways teachers can help young children cope with medical events. The value of play cannot be overemphasized. However, play does not "just happen"; it needs to be carefully planned and directed by the teacher.

Children need ample opportunities to play out their feelings and ideas related to medical events. They also need appropriate play materials to enhance and deepen the play experience. Teachers can make a real and special contribution to children's medical experiences. The teacher's sensitivity, caring, and careful selection of play materials enables the child to play fully and with pleasure. At times of stress and anxiety, this experience is critical for positive mental health and for continued growth and normal development.



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Play: The Child Strives Toward Self-realization Washington, D.C.: National Association for the Education of Young Children, 1971.

About the authors:

Sarah Patton holds a B.S. in child development from Cornell University, a M.S. in human development from Penn State University, and is currently a doctoral student in education at the University of Chicago. She has been a college instructor and has taught young children in child care, nursery school, and parent-toddler programs.

Victor C. Dye is a practicing psychologist with an M.A. and Ph.D. from Northwestern University. In his private practice of psychotherapy he works primarily with families. He has designed play materials for use of hospitalized children. He is also an Associate Professor in the City Colleges of Chicago.

About the drawings:

The drawings in this booklet were the work of several children expressing their feelings and perceptions of various medical events as they played.